STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

4.b. continued

3. Amalgam restorations which shall be limited to two restorations per tooth surface, per fiscal year;

4. Pins for the retention of multi-surface plastic or amalgam restorations;

5. Silicate, acrylic, plastic or composite resin or acid-etch which shall be limited to two restorations per tooth surface, per fiscal year, per recipient;

6. Stainless steel single crowns;

7. Pulp cap direct limited to one per tooth, per recipient; and

8. Primary-pulpotomy which shall be limited to one per tooth, per recipient, per lifetime.

D1098342

TN No. 90-7A DATE/RECEIPT 6/26/91
SUPERSEDES DATE/APPROVED 9-23-91
TN No. 89-16 DATE/EFFECTIVE 4-1-90

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

5. Physician's services furnished by a physician, whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere; and medical and surgical services furnished by a dentist in accordance with Section 1905(a)(5) of the Act as amended by Section 4103(a) of P.L. 100-203 (OBRA '87).

   a. Limit office visits to 24 per state fiscal year. Visits made for podiatry and optometry services will count toward this limit.

   b. Inpatient hospital visits will be limited to twenty (20) per state fiscal year except when certain transplant procedures occur. Additional inpatient hospital visits will be available as indicated below for the following transplant procedures:

      Liver transplant - 47 visits
      Heart transplant - 23 visits
      Bone marrow transplant - 20 visits

   c. Prior approval by the Medicaid Medical Director is required for those procedures established by the Single State Agency.

   d. Inpatient psychiatric physician visits for individual under 21 years of age is limited to the allowable inpatient psychiatric under 21 hospital days per state fiscal year.

   e. Except for an emergency the delivery of a newborn infant will be covered only when provided in a hospital or in an Ambulatory Surgical Center classified to provide maternity services.

GW/D2021060

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6a. Podiatrists' Services

Limited to:

1. Routine foot care such as cutting or removing corns, calluses or nails when the patient has a systemic disease of sufficient severity that unskilled performance of such procedure would be hazardous. The patient's condition must have been the result of severe circulatory embarrassment or because of areas of desensitization in the legs or feet.

2. Routine services if they are performed as a necessary and integral part of otherwise covered services, such as the diagnosis and treatment of diabetic ulcers, wounds, and infections.

3. Debridement of mycotic toenails to the extent such debridement is performed no more frequently than once every 60 days, unless the medical necessity for more frequent treatment is documented by the billing podiatrist.

4. Office visits will be limited to two (2) per recipient per fiscal year. These visits will count toward the twenty-four (24) physician visit limit as set out in Attachment 3.1.A.1, Item 5 of the Tennessee State Plan.

5. All other limitations that apply to physician services as set out in Attachment 3.1.A.1 of the Tennessee State Plan.

GW/D2041060

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6b. Optometrists' services

Limited to:

1. The performance of external and internal examination of the human eye or eyelid and any diagnosis, treatment (other than by surgery) of patients with infections, inflammations, and abrasions of the eye or eyelid with topically applied drops, ointments or creams, or any referral of patients for consultation or treatment. Optometrists also have the authority to administer benadryl, epinephine or equivalent medication to counteract anaphylaxis or anaphylactic reaction. An optometrist may use or prescribe topical steroids for not more than seven (7) calendar days from the onset of treatment.

2. The same standards of care as those of primary care physicians providing similar services.

3. Removal of superficial foreign bodies from the conjunctiva of the eye and eyelid.

4. Optometry services for recipients over age 21 do not include services for the purposes of prescribing or providing eyeglasses or contact lenses. Office visits will be limited to four (4) per recipient per fiscal year and will count toward the twenty-four (24) physician visit limit as set out in Attachment 3.1.A.1, Item 5 of the Tennessee State Plan.

5. All other limitations that apply to physician services as set out in Attachment 3.1.A.1 of the Tennessee State Plan.

GW/D2031060

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6d. Other practitioners' services

1. Physician Assistant

a. Services of a physician assistant (other than as an assistant-at-surgery) when rendered at an SNF, ICF, or hospital.

b. Services of a physician assistant as an assistant-at-surgery.

c. All services provided by a physician assistant must be ordered and billed by a physician.

2. Certified Registered Nurse Anesthetist

Services by a Certified Registered Nurse Anesthetist are covered when she/he has completed an advanced course in anesthesia, and holds a current certification from the American Association of Nurse Anesthetists as a nurse anesthetist.

D1079166

TN No. 89-17 DATE/RECEIPT 8/15/89
SUPERSEDES DATE/APPROVED 8/29/89
TN No. NEW DATE/EFFECTIVE 7/1/89

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

7. Home Health Services

Provided to persons who are homebound and limited to a total of sixty (60) services per year provided in accordance with 7a., b. and d.

c. Durable medical equipment and supplies will be covered when provided through either of these approved Medicaid providers; home health agency or DME supplier, and in accordance with guidelines of the Agency.

1. The list of covered DME and supplies will be established by the Single State Agency.

2. Those items requiring prior approval by the Medicaid Director (or designee) shall also be established by the Single State Agency.

3. Durable medical equipment and supplies will not be counted against the sixty (60) home health services per year.

d. Speech evaluation must be provided by a certified speech pathologist.

D3051218

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

9. Clinic Services

The following types of clinic services are covered with limitations described for each.

a. Community Mental Health Centers - Services limited to those authorized to be provided.

b. Community Clinics

(1) Community Health Clinics, Community Health Agencies, Community Services Clinics

Services limited to those authorized to be provided by each of the above type clinics.

(2) Ambulatory Surgical Centers - Services limited to those procedures designated by the state agency that can be performed outside the inpatient facility setting.

(3) Community Mental Retardation Clinics - Services provided by qualified Community Mental Retardation Clinics shall be limited to medically necessary preventive, diagnostic, therapeutic, rehabilitative, or palliative services.

D3012258

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

10. Dental Services

Oral Surgery Services Requiring Prior Approval for Recipients 21 Years of Age and Older, and limitations of those services.

(a) Oral surgery services for persons 21 years of age and older when performed by a qualified physician or a board certified Oral Surgeon. The oral and maxillofacial surgery must be associated with one of the following conditions:

1. Congenital defects
2. Neoplasms
3. Trauma
4. Infection

(b) Patients who have medical conditions or diagnoses which make them more susceptible to systemic infections or complications would qualify for the treatment of their intra-oral infection, as a necessary part of the treatment of their medical condition or diagnosis.

Examples of such medical conditions or diagnoses are:

1. Pre- or post organ transplants
2. Cardiac valvular disease
3. Post valvular replacement
4. Leukemia
5. Hemophilia
6. Immune suppression therapy or disease
7. Diabetes Mellitus

(c) Mental retardation alone, without other medical conditions or diagnoses, would not qualify for treatment of intra-oral infections for recipients 21 years of age and older.

TN No. 88-23 DATE/RECEIPT 12/30/88
SUPERSEDES DATE/APPROVED 1/20/89
TN No. 87-28 DATE/EFFECTIVE 10/1/88

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

10. continued

(d) All other cases must be submitted for prior approval. Documentation of the medical conditions or diagnoses must be submitted along with the documentation of the intra-oral condition.

(e) In emergency and/or urgent cases, prior approval for treatment of intra-oral conditions in patients twenty-one (21) years of age and older, can be given by telephone. Written documentation is required within thirty (30) working days after emergency treatment is rendered.

D1108342

TN No. 88-23 DATE/RECEIPT 12/30/88
SUPERSEDES DATE/APPROVED 1/20/89
TN No. 87-28 DATE/EFFECTIVE 10/1/88

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE
LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12.a. Prescribed drugs

1. Prescription outpatient drugs of any manufacturer which has entered into and complies with an agreement under Section 1927 (a) of the Social Security Act which are prescribed by an authorized licensed prescriber will be provided.

2. As provided by Section 1927 (d) of the Social Security Act (hereinafter referred to as the Act), the following drugs or classes of drugs, or their medical uses, are excluded from coverage or otherwise restricted, (unless covered prior to April 1, 1991); agents used for weight control, agents used to promote fertility, agents when used for cosmetic purposes or hair growth, agents used for the symptomatic relief of coughs and colds, agents when used to promote smoking cessation, nonprescription drugs not listed in Supplement A., covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests and monitoring services be purchased exclusively from the manufacturer or its designee, drugs described in section 107 (c) (3) of the Drug Amendments of 1962 and identical, similar, or related drugs (DESI, LTE and IRS drugs), barbiturates, and benzodiazepines.

3. As provided by the Act, insulin is not subject to the rebate agreement provisions and will be provided when prescribed by an authorized licensed prescriber.

4. Effective July 1, 1991, no payment will be made for innovator multiple source drugs included on the Federal Upper Limit (FUL) list provided by HCFA to the states when a less expensive noninnovator multiple source drug is available.